

Missouri Department Of Transportation

Statement of Individual Personal Net Worth

CPA Addendum

This Addendum Must Be Completed By The Certified Public Accountant (CPA) Preparing Each Statement Of Personal Net Worth And Must Be Attached To That Statement Of Personal Net Worth. In Addition, The CPA Must View The Documentation Necessary To Attest To The Completeness And Accuracy Of The Addendum.

All Documents Used In The Preparation Of The Statement Of Personal Net Worth And Addendum Are Subject To Review By MoDOT Personnel Upon Request. Failure To Comply Or Falsification Of Information May Be Grounds For Removal From The DBE Program And Any Other Legal Remedies Available Under State Or Federal Law.

Note: All Interests, Assets, And Liabilities Individually And Jointly Held **Must** Be Included.

Business Name Of Applicant Firm	Owner's Full Name (Maiden Name, If Applicable)
Business Address	Residential Address
City, State & Zip Code	City, State & Zip Code
Business Phone ()	Residence Phone ()
Spouse's Full Name	Date Of Marriage

Section 1 Assets

Bank Accounts

PC-Personal Checking, **PS**- Personal Savings, **RC**-Revolving Credit, **MM** – Money Market, **O**-Other (Explain)

Name(S) On Account	Type Of Account (See Codes *)	Current Balance

Bonds

Name(S) On Certificates	Name Of Securities	Number Of Shares	Market Value Quotation/Exchange	Total Value

Assets Held In Trust

Name Of Settlor(s)	Value Of Assets	Trustee	Name(s) Of Beneficiaries

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Life Insurance Held

Insurance Company	Face Value	Surrender Value	Name(s) Of Beneficiaries

Other Personal Property & Assets

Type Of Property Or Asset	Value	Amount Of Lien	Name Of Lien Holder
<i>Total Value Of Household Goods</i>			
<i>Total Value Of Jewelry, Art, etc</i>			

Real Estate

	Property A	Property B	Property C	Property D
Type Of Property				
Address				
Name(S) On Deed				
Present Market Value				
Name Of Mortgage Holder				
Mortgage Balance				

Section 2 - Liabilities

Unpaid Taxes

Type Of Unpaid Tax	Payable To Whom	Amount

Notes Payable To Banks And Others

Name(S) Of Borrower(S)	Name Of Note Holder(S)	Current Balance	Collateral

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Other Liabilities

Description	Name Of Individual(S) Obligated	Name Of Entity Owed	Amount
<i>Total Credit Card Debt</i>		<i>N/A</i>	

Section 3 – Transfers

Transfer Of Assets

Detail All Transfers Of Assets Within 180 Days Of The Date Of DBE Application .

Description Of Asset	Name(s) On Owner Transferring Property	Names Of Individual(S) Acquiring Assets	Date Of Transfer	Value Or Consideration Received

Section 4 – Business Ventures

Sole Proprietorships

Name Of Sole Proprietorship	Address	Business Net Worth

General Partnerships, Joint Ventures

Name Of Partnership	Address	Partners	% Of Ownership	Business Net Worth

Limited Liability Corporations, Limited Partnerships, Closely Held Corporations

Name Of Business	Name(s) Of Stockholders On Certificates	Number Of Shares Owned (or Units)	Total Outstanding Shares (Or Units)	Market Value (Quotation/ Exchange)	Total Value

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Publicly Traded Corporations

Name Of Business	Name(s) Of Stockholders On Certificate (s)	Number Of Shares Owned	Total Outstanding Shares Of Stock	Market Value (Quotation/ Exchange)	Total Value

Affidavit

I Authorize The Missouri Department Of Transportation To Verify The Accuracy Of The Statements Made In Order To Determine Whether I Meet The Standards Of Economic Disadvantage For Participation In The DBE Program With The Missouri Department Of Transportation. These Statements Are True And Correct To The Best Of My Knowledge And Belief.

Any Material Omission Or Misrepresentation Will Be Grounds For Terminating The Eligibility Of This Firm As A Certified Or Qualified DBE, As Well As Any Contract Which May Have Been Awarded Under Those Programs, And For Initiating Action Under Federal And/Or Missouri Civil And/Or Criminal Laws Concerning False Affidavits, False Statements Or Declarations, Perjury, Fraud, Stealing By Deceit, Or Other Applicable Offenses. (Making A False Affidavit Is A Misdemeanor. See Section 575.050, Rsmo 1986.)

Prepared By:		Signature:		Date:
Applicant's Signature:	Title:	SSN:	Date:	

Subscribed And Sworn To Before Me, The Undersigned, A Notary Public In And For Said County And State,
This ____ Day Of _____, _____.

Notary Public

My Commission Expires: